Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3722

FORM C/OH COVER SHEET PG 1

1-800-325-8506

The C/OH INSTRUCTION this form.	GUIDE explains how to complete	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE /	TITLE FIRST	м	OFFICE USE ONLY
OFFICEHOLDER	Mr. Albert	W.	20°
NAME			Date Received
	NICKNAME LAST	SUFFIX	0 7
	Al Holmes		5~ i mi
	AI HOIMES		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	ED BY 98
OFFICEHOLDER			REX. TEX
ADDRESS	3202 El Toro Cove	Austin, TX 78746	A 60
Change of Address			Ů,
Change of Address	·		
5 CAMPAIGN	TITLE FIRST	MI	Receipt #
TREASURER			HD / PM Amount
NAME	Mr. Albert	W.	
	NICKNAME LAST	SUFFIX	Date Processed
	Al Holmes		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
TREASURER			
ADDRESS	3202 El Toro Cove	Austin TX	78746
(Residence or business)			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(510) 220 0026		
PHONE	(512) 328-0036		
8 REPORT TYPE		ii Duna#	15th day after campaign treasurer
	January 15 30th day before elec	tion Runoff	appointment (officeholder only)
	July 15 8th day before electi	ion Exceeded \$500 fimit	Final report (Attach C/OH - FR)
	July 15 8th day before electi		
9 PERIOD	Month Day Year	Month Day	Year
COVERED		ROUGH	/97
	12 / 23 / 97	12 /31	> 97
	ELECTION DATE ELECTION	TYPE	
10 ELECTION	Month Day Year		_
	3 / 10 / 98 Prima	ary Runoff	General Special
1	3 / 20/ 20		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if kno	
	None	Travis Count	y Commissioner, Prec. #3
13 DIRECT CAMPAIGN	· Direct campaign expenditures are campaign ex	xpenditures made by others without the c	andidate's prior consent or approval.
EXPENDITURE	Candidates are required to disclose this information	on only if they receive notification of the d	rect campaign expenditure. ••
BY OTHER	A1		
INDIVIDUALS	Name		الصيابية والمراجع المراجع المراجع الماء
			•
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
D Social pages			
	CO T	O PAGE 2	
	GO 11	O PAGE 2	
1			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME		Albert W. "Al" Holmes	5 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	les political expenditures by political committees to support the candidate is out the candidate's or officeholder's knowledge or consent. Candidates and y receive notice of such expenditures. ••	officeholder. These expenditures may dofficeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	,		
7 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit below	w and submit pages 1 and 2 only.}
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1-,000.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE ALL OF THE REPORTING PERIOD	\$ 1,000.00
19 AFFIDAVIT			
		I swear, or affirm, under penalty of point is true and correct and includes all in me under Title 15, Election Code.	
00 00	HN B. WELCH, III	achel He	date or Officeholder
AFFIX NU IART STAN	Public, State of Texas states Explos Dec. 18, 199	Signature of Candi	
Swom to and subscribe			15 day of <u>JA 1/</u>
19 9%, to certify	which, witness my ha	and and seal of office.	
John B	Welle	John B Welch #	NOT ARY tle of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES. SCHEDULE F 1 Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. Albert W. "Al" Holmes 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date Payee name **Amount** Travis County Republican Party (\$) City; State; Zip Code 6 Payee address; \$1,000.00 12/23/97 Suite #103 1300 West Koenig Lane, Austin, TX 78756 → Complete if direct expenditure to benefit C/OH → Purpose of expenditure Office sought / held Candidate / Officeholder name Filing Fee Amount Payee name Date (\$) City; State; Zip Code Pavee address: · Complete if direct expenditure to benefit C/OH ·· Purpose of expenditure Office sought / held Candidate / Officeholder name **Amount** Payee name Date (\$) Payee address; City; State; Zip Code • Complete if direct expenditure to benefit C/OH •• Purpose of expenditure Office sought / held Candidate / Officeholder name Amount Date City; State; Zip Code .. Complete if direct expenditure to benefit C/OH .. Purpose of expenditure Office sought / held Candidate / Officeholder name *

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Гре Інстристіон Сиірі	E explains how to complete this	form.	1 Total pages S	Schedule E:
FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
	"A1" Holmes			
	ITEMIZED LOANS:	\$ \$ \$ \$, th	\$
Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
2/23/97	Al Holmes			1,000.00
Is lender a financial institution?		tate; Zip Code		10 Interest rate
· 🔌	3202 El Toro Cove	Austin, TX 78746		11 Maturity date n/a
Description of Collate	ral			
none				40.4
GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
		State; Zip Code		16 Amount Guaranteed (5)
INFORMATION not applicable	15 Guarantor address; City; S	State; Zip Code	Self-Employ	
not applicable		State; Zip Code		
not applicable Principal Occupation Date of loan Is lender a	15 Guarantor address; City; S Mortgage Banke Name of lender	State; Zip Code 18 Employer		yed
not applicable Principal Occupation Date of loan	15 Guarantor address; City; S Mortgage Banke Name of lender	18 Employer out of state PAC		yed Loan Amount (\$)
not applicable Principal Occupation Date of loan Is lender a financial Institution?	15 Guarantor address; City; S Mortgage Banke Name of lender Lender address; City;	18 Employer out of state PAC		Loan Amount (\$)
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N	15 Guarantor address; City; S Mortgage Banke Name of lender Lender address; City;	18 Employer out of state PAC		Loan Amount (\$) Interest rate Maturity date
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N Description of Collate	15 Guarantor address; City; Mortgage Banke Name of lender Lender address; City;	18 Employer r out of state PAC State; Zip Code	Self-Employ	Loan Amount (\$)
not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N Description of Collate none GUARANTOR	15 Guarantor address; City; Mortgage Banke Name of lender Lender address; City;	18 Employer out of state PAC	Self-Employ	Loan Amount (\$) Interest rate Maturity date